



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

1.

FEB 11 1982

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

Mr. James Tarpo, President
American Chemical Service, Inc.
420 S. Colfax
Griffith, Indiana 46319

RE: Interim Status Acknowledgement USEPA ID No. IND016360265
FACILITY NAME: American Chemical Service, Inc.

Dear Mr. Tarpo:


This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

EPA ID NUMBER

IND016360265

AMERICAN CHEMICAL SERVICE INC.

AMERICAN CHEMICAL SERVICE INC.

420 SO. COLFAX
GRIFFITH, IN 46319

UNIT OF MEASURE

UG

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE | UNIT OF MEASURE | CODE |
|---------------------|----------------------|------------------------------------|--------------------|------|
| ----- | | | | |
| STORAGE: | | | GALLONS | G |
| ----- | | | LITERS | L |
| CONTAINER | S01 | G or L | CUBIC YARDS | Y |
| TANK | S02 | G or L | CUBIC METERS | C |
| WASTE PILE | S03 | Y or C | GALLONS PER DAY | U |
| SURFACE IMPOUNDMENT | S04 | G or L | LITERS PER DAY | V |
| DISPOSAL: | | | TONS PER HOUR | D |
| ----- | | | METRIC TONS/HOUR | W |
| INJECTION WELL | D79 | G,L,U, or V | GALLONS/HOUR | E |
| LANDFILL | D80 | A or F | LITERS/HOUR | H |
| LAND APPLICATION | D81 | B or Q | ACRE-FEET | A |
| OCEAN DISPOSAL | D82 | U or V | HECTARE-METER | F |
| SURFACE IMPOUNDMENT | D83 | G or L | ACRES | B |
| TREATMENT: | | | HECTARES | Q |
| ----- | | | POUNDS/HOUR | J |
| TANK | T01 | U or V | KILOGRAMS/HOUR | R |
| SURFACE IMPOUNDMENT | T02 | U or V | TONS PER DAY | N |
| INCINERATOR | T03 | D,W,E, or H | METRIC TONS/DAY | S |
| OTHER | T04 | U,V,J,R,N, or S | | |



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

IND016360265

AMER. CHEM. SERVICE
~~2000 BOX 190~~
~~GRIFFITH IN 46319~~

~~COLFAX RD.~~
~~GRIFFITH, IN 46319~~

000060 AUG 15 80

INSTRUCTIONS: If you received a preprinted label, it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

852

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

IV. INSTALLATION CONTACT

V. OWNERSHIP

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

VIII. FIRST OR SUBSEQUENT NOTIFICATION

IX. DESCRIPTION OF HAZARDOUS WASTES

AUG 14 1980

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------|
| 1 F017 23 - 26 | 2 F001 23 - 26 | 3 F002 23 - 26 | 4 F003 23 - 26 | 5 F005 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-----------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 13 K078 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------|
| 31 U002 23 - 26 | 32 U031 23 - 26 | 33 U112 23 - 26 | 34 U147 23 - 26 | 35 U154 23 - 26 | 36 23 - 26 |
| 37 23 - 26 | 38 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☒ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|---------------------------------|--|-----------------------|
| SIGNATURE <i>James Tarpo</i> | NAME & OFFICIAL TITLE (type or print) JAMES TARPO PRES. | DATE SIGNED 8-8-80 |
|---------------------------------|--|-----------------------|

United States Environmental Protection Agency
Washington, DC 20460



Notification of Hazardous Waste Activity

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|-----|----------|--|--|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | Comments | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Installation's EPA ID Number | | | | | | | | | | | | | | Approved | | | Date Received (yr. mo. day) | | | | | | | | | | | | |
| C | | | | | | | | | | | | | T/A | C | | | | | | | | | | | | | | | |
| F | I | N | D | 0 | 1 | 6 | 3 | 6 | 0 | 2 | 6 | 5 | | 1 | | | | | | | | | | | | | | | |

I. Name of Installation

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|
| A | M | E | R | I | C | A | N | | C | H | E | M | I | C | A | L | | S | E | R | V | I | C | E | | I | N | C |
|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|

II. Installation Mailing Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|--------------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|-----------|--|--|--|
| | Street or P.O. Box | | | | | | | | | | | | | | | | | | | | | State | | | ZIP Code | | | |
| C 3 | P | O | | B | O | X | | 1 | 9 | 0 | | | | | | | | | | | | | | | | | | |
| | City or Town | | | | | | | | | | | | | | | | | | | | | State | | | ZIP Code | | | |
| C 4 | G | R | I | F | F | I | T | H | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | I N | | | 4 6 3 1 9 | | | |

III. Location of Installation

[illegible]

IV. Installation Contact

| Name and Title (last, first, and job title) | | | | | | | | | | | | | Phone Number (area code and number) | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|---|---|---|---|---|--|-------------------------------------|---|---|---|--|---|---|---|---|---|---|---|---|---|---|
| C | T | A | R | P | O | | J | A | M | E | S | | P | R | E | S | | 2 | 1 | 9 | 9 | 2 | 4 | 4 | 3 | 7 | 0 |

V. Ownership

| A. Name of Installation's Legal Owner | | | | | | | | | | | | | | | B. Type of Ownership (enter code) | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|--|---|---|---|---|---|-----------------------------------|---|---|--|---|---|---|--|---|
| C R | A | M | E | R | I | C | A | N | | C | H | E | M | I | C | A | L | | S | E | R | | P |

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

| A. Hazardous Waste Activity | | B. Used Oil Fuel Activities | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1a. Generator | <input type="checkbox"/> 1b. Less than 1,000 kg/mo. | <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below) | |
| <input type="checkbox"/> 2. Transporter | | <input type="checkbox"/> a. Generator Marketing to Burner | |
| <input checked="" type="checkbox"/> 3. Treater/Storer/Disposer | | <input type="checkbox"/> b. Other Marketer | |
| <input type="checkbox"/> 4. Underground Injection | | <input type="checkbox"/> c. Burner | |
| <input checked="" type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below) | | <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification | |
| <input checked="" type="checkbox"/> a. Generator Marketing to Burner | | | |
| <input checked="" type="checkbox"/> b. Other Marketer | | | |
| <input checked="" type="checkbox"/> c. Burner | | | |

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☒ B. Industrial Boiler ☒ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

| C. Installation's EPA ID Number | | | | | | | | | | | |
|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|
| I | N | D | 0 | 1 | 6 | 3 | 6 | 0 | 2 | 6 | 5 |

TO4 REPRESENTS TOTAL SOLVENT & FUEL RECYCLING CAPACITY

IV. DESCRIPTION OF EACH INDIVIDUAL:

B. ESTIMATED ANNUAL QUANTITY: For each item listed above in Column A, indicate the estimated annual quantity that will be handled on an annual basis. For each characteristic or type of material entered in column A, estimate the total amount of waste that will be handled on an annual basis which poses that characteristic or constituent.

12. UNIT OF MEASUREMENT - The unit of measurement should be stated in terms of the unit of measurement which must be used and the appropriate codes are:

[illegible]

If facility records use any other unit of measurement, the owner must convert the required units of measure taking into account the appropriate density or specific gravity.

PROCEDURE

1. PROCESS OVERVIEW

[illegible]

2. PROCEDURE

NOTE: MAZDA must have more than one CPE listed.

1. Select one of the quantity of the units
2. In column A of the "Included with street"
3. Percent and a figure

EXAMPLE FOR COMPLETING PART 2: The waste is a liquid, and the waste is not listed. The waste is corrosive only and there will be an estimated 100 pounds per year of corrosive liquids from this waste. The waste is not listed and there will be an estimated 100 pounds per year of that waste. Treatment will be by the incineration unit.

| LINE NO. | A. EPA HAZARD WASTE NO. (under code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UIC OF SITE (under code) | D. WASTE CODE (under code) | E. WASTE DESCRIPTION (if a code is not entered in D(1)) |
|----------|--------------------------------------|---|---|---|---------------------------------------|-----------------------------|----------------------------|---|
| | 1 | 2 | 3 | 4 | | | | |
| X-1 | K | 0 | 5 | 4 | 200 | P | T G E D | |
| X-2 | D | 0 | 0 | 2 | 400 | P | T G E D | |
| X-3 | D | 0 | 0 | 1 | 100 | P | T G E D | |
| X-4 | D | 0 | 0 | 2 | | | | Included with above |

| | | | | | | | | | | | | | |
|------|--|-------------------|--|--|--|--|--|--|--|--|--|-----|---|
| ID - | | Official Use Only | | | | | | | | | | | |
| C | | | | | | | | | | | | T/A | C |
| W | | | | | | | | | | | | | 1 |

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| F 0 0 1 | F 0 0 2 | F 0 0 3 | F 0 0 5 | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

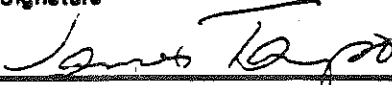
☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|---|---|------------------------|
| Signature  | Name and Official Title (type or print) JAMES TARPO, PRESIDENT | Date Signed 1-22-86 |
|---|---|------------------------|

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

TO4 REPRESENTS SOLVENT & FUEL RECYCLING

EPA LB. NO. FROM PAGE 1

IND016360265

F. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

41 31 2

LONGITUDE (degrees, minutes, & seconds)

3 7 2 4 5 8

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Page 1, "Ownership Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator:

1. Facility Name

2. Process No. (also code & no.)

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

James Tarpo

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

PA
MAY 27 1994STATE OF INDIANA
1993 HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORMRECEIVED
WMD RECORD CENTER

MAY 31 1994

EPA ID:

IND016360265

NAME:

AMERICAN CHEMICAL SERVICE

Change _____

Is the name change due to a change in ownership? ____ yes ____ no

LOCATION

ADDRESS:

420 SOUTH COLFAX AVENUE
GRIFFITH

IN 46319

Change _____

Is the location address change due to a move or did the Post Office change your address?

____ We moved ____ PO change ____ Other (please explain in comments)

MAILING

ADDRESS:

PO BOX 190
GRIFFITH

IN 46319

Change _____

CONTACT:

~~GREEN, WILLIAM~~
420 S COLFAX AVE
GRIFFITH
219-924-4370

IN 46319

Change _____

JAMES TARPO

OWNER:

AMERICAN CHEMICAL SERVICE
420 S COLFAX AVE
GRIFFITH

IN 46319

Change _____

COUNTY:

LAKE

*** HAZARDOUS WASTE ACTIVITY ***

| | DEM | 1993 | FUTURE |
|---|-----|------|--------------------|
| Large Quantity Generator (LQG) | X | X | X |
| Small Quantity Generator (SQG) | | | |
| Conditionally Exempt (CEG) | | | |
| Transporter | | X | No |
| S = for our own waste C = commercially | | | |
| Treatment, storage, & disposal (TSD) | X | X | No (do not delete) |
| * NON HANDLER | | | |
| * OUT OF BUSINESS | | | |
| * ONE TIME GENERATOR | | | |

* If you have checked one of these categories, your EPA ID number will be deactivated and you will have to reapply for it if you ever need to manifest waste off-site again.

SIC CODES:

2869

PRIMARY

SECONDARY

COMMENTS:

T.S.O CLOSURE CERTIFIED 3-31-93

SIGNATURE:

James Tarpo

DATE:

1-7-94

IC, GM PS OI
WM



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NANCY A. MALOLEY, Commissioner

FILE

Keith

RECEIVED
OCT 14 1988

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

October 11, 1988

Mr. John J. Murphy
Vice President
American Chemical Service, Inc.
P.O. Box 190
Griffith, Indiana 46319

OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

Re: Changes Under Interim Status
American Chemical Service, Inc.
Griffith, Indiana
IND 016360265

Dear Mr. Murphy:

This office has received your request of April 21, 1988, to alter your facility to satisfy the tank secondary containment requirements of 40 CFR Part 264.192. Indiana adopted these rules as part of 329 IAC 3-24 and 3-49 on June 20, 1988. The Indiana compliance schedule for satisfying these requirements for tanks such as yours, began on June 20, 1988, not July 14, 1986. This is a change from the schedule contained in the preliminarily adopted Indiana rules. The enclosed outline has been developed from the new requirements and is intended to serve as a brief guide in meeting these requirements.

The current submittal is inadequate and should be revised in accordance with the enclosure. In addition, it is requested that the facility Part B Application be updated and submitted in its entirety to include these proposed changes. Construction of these facilities at this time would not preclude this office from requiring changes as a result of a review of the Part B Application.

If you have any questions concerning this matter, please contact Ms. Debra Dubenetzky of my staff at AC 317/232-3221.

Very truly yours,

Thomas E. Linson, Chief
Plan Review and Permit Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management

Enclosures

cc: Mr. Hak Cho, U.S. EPA, Region V (with enclosure)
Mr. Bernie Orenstein, U.S. EPA, Region V

An Equal Opportunity Employer

IA Lake

CHANGE OF STATUS FORM

1263
11/9
V-SAC
9-9-87

COMPANY NAME American Chemical Service, Inc. EPA ID INT 190011742

Please change on DP file name: _____

☐ Name ☐ Address ☐ ID Number ☒ Activity
☒ Status ☒ Contact ☒ Phone ☐ Other

(Please check any appropriate boxes. Then cite the new data on the lines below.)

Your Name: Shirley Cummings 9/1/87

Data to be changed: _____

NOTIFIER
NAME :

MAILING
ADDRESS: -

MAILING CITY,
STATE, ZIP CODE:

NOTIFIER
CONTACT: WALTER S. WAGONER, JR. Mgr.

LOCATION
ADDRESS:

LOCATION CITY,
STATE, ZIP CODE:

PHONE: 219 / 924 - 4370

ACTIVITY: (DELETE)

STATUS: 5 (out-of-business)

COUNTY: _____

NOTIFIERS LIST UPDATE FORM

DATE: 3/5/86 ORIGINATOR'S NAME: Ray, Herbert
 FACILITY NAME: AMERICAN CHEMICAL SERVICE INC. ID NUMBER: INT 190 611 742
 LOCATION ADDRESS: GRIFFITH, IN
 MAILING ADDRESS: _____
 CONTACT PERSON: WALTER LAENGER TITLE: Mgr.
 TELEPHONE NUMBER OF CONTACT PERSON: 219/924-4370
 STATUS: _____ ACTIVITY: _____
 COMMENTS:

This company has its own EPA ID # INDC16/360/205.
 The number listed above INT 190 611 742 was
 for Swift Chem. Co. and does not apply to
 Amer. Chem. Service Inc. They tend to get
 two biennial reports, USE notifications and etc.
 in the mail.

RETURN FORM TO SHIRLEY L. HANCOCK

CHANGE OF STATUS FORM

Seq.
#00995

COMPANY NAME

American Chemical Service

EPA ID

100 916 360 265

Please change on DP file name: _____

☐

Name

☐

Address

☒

ID Number

☐

Activity

☐

Status

☐

Contact

☐

Phone

☐

Other

(Please check any appropriate boxes. Then cite the new data on the lines below.)

Your Name: _____

St. Janock 11/7/85

Data to be changed: _____

✓ KDK 11/12/85

NAME =

ID. # = IND 016 360 265

MAILING ADDRESS =

LOCATION ADDRESS =

CONTACT =

Phone =

FILE COPY



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NANCY A. MALOLEY, Commissioner

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

December 10, 1987

Mr. John J. Murphy
Vice President
American Chemical Service, Inc.
P.O. Box 190
Griffith, IN 46319

Re: Part A Change
American Chemical Service, Inc.
IND 016360265

Dear Mr. Murphy:

We have reviewed your letter of July 10, 1987, where you forwarded a Part A change request. The addition of Tank No. 1002 to your Part A permit and therefore the increase in the tank storage (S02) design capacity from 315,000 gallons to 320,700 gallons is approved. This approved Part A application is dated January 22, 1986.

This tank has previously been in use at American Chemical Service Inc., for storage of distilled solvents which was sold as boiler fuel. The burning of these distilled solvents as hazardous waste derived fuel has now come under regulation. This process had not been previously regulated so it was not included in previous Part A or in your Part B Permit Application. We are also in receipt of your September 2, 1987, letter which amended your Part B Application to include Tank No. 1002.

If you have any questions, please call Mr. Bob Capiello of my staff at AC 317/232-3221.

Sincerely,

Jane Magee
Assistant Commissioner for
Solid and Hazardous Waste Management

RJC/ram

cc: Mr. Hak Cho, U.S. EPA, Region V
Mr. Bernie Orenstein, U.S. EPA, Region V
RCRA File 1C1d

Mr. Terry Gray
Mr. Jim Hunt



American Chemical Service, Inc.

P.O. Box 190 • Griffith, Indiana 46319
(219) 924-4370 • Chicago Phone (312) 768-3400

JUL 13 2 47 PM '87

OFFICE OF SOLID
AND HAZARDOUS
WASTE MGMT
DEH

July 10, 1987

Mr. Terry F. Gray, Chief
Plan Review and Permit Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management
Indiana Dept. of Environmental Mgt.
P.O. Box 6015
Indianapolis, IN 46206-6015

Re: The amendment of American
Chemical Service, Inc.
IND 016360265
Hazardous Waste Permit
Application Part A and
Part B.

Dear Mr. Gray:

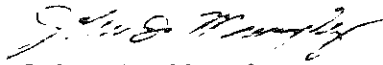
It has been the practice of American Chemical Service, Inc. (ACS) to utilize various distilled solvents as boiler fuel. These solvents are generated by the distillation at ACS of listed and non-listed hazardous wastes and presently their sale and distribution, as solvents, is not regulated. ACS was aware the burning of these materials, as fuels, had come under regulation on December 9, 1985 and filed the appropriate notification before the January 29, 1986 deadline. A copy is enclosed for your reference.

Since the material was a distilled solvent and not regulated until used as a hazardous waste derived fuel, ACS did not amend it's Part A, nor did ACS deal with it's use in the Part B submission. ACS, at this time, wants to change it's position concerning this matter. Enclosed is an amended Part A containing the following:

- 1.) An increased tank storage volume which includes the maximum working capacity of the tank #1002.
- 2.) A photograph of the hazardous waste derived fuel storage tank #1002.
- 3.) A Part A map indicating the tank #1002 location in the Distillate Tank Farm.

ACS is in the process of amending it's Part B to include the additional storage tank #1002 and expects to submit these revisions to your office by September 1, 1987. If you have any questions concerning this action please contact me as soon as possible at 219/924-3144.

Very truly yours,

A handwritten signature in cursive script, appearing to read "John J. Murphy".

John J. Murphy
Vice President
American Chemical Service, Inc.

RCRA
10/10/82

FEB 10 1982

FEB 15 4 32 PM '82
DIV. OF LAND POLLUTION CONTROL
STATE BOARD OF HEALTH

SAHMM

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. James Tarpo
P.O. Box 190
Griffith, Indiana 46319

RE: American Chemical Services, Inc.
420 S. Colfax
Griffith, Indiana 46319
IND016360265

Dear Mr. Tarpo:

By now you should have received an acknowledgement of our receipt of your Part A permit application material for the above-referenced hazardous waste facility under the Resource Conservation & Recovery Act, as amended (RCRA) permit program. You should also have been apprised of your condition relative to interim status.

Accordingly, this letter constitutes the next step in the formal process leading to issuance or denial of an RCRA permit. Under the authority of 40 CFR 122.22, this is a formal request for submittal of Part B of your application for the above-referenced facility.

Enclosed is a copy of 40 CFR 122.25 which lists the items that constitute Part B for your facility. Your Part B application must be submitted in quadruplicate and postmarked no later than August 18, 1982. Please send your application to the following address:

RCRA ACTIVITIES
Part B Permit Application
USEPA, Region V
P.O. Box A3587
Chicago, Illinois 60690-3587

While your complete application is due no later than the above date, you are encouraged to submit at your earliest opportunity those components which have been completed. Several interim status documents also are used as components of your Part B application. Included are such items as your waste analysis plan, contingency plan, closure plan, etc., each of which may be submitted to this office immediately, to initiate the processing of your Part B application.

Failure to furnish your complete Part B application by the above date, and to provide in full all required information, is grounds for termination of interim status under 40 CFR 122.22.

Information you submit in the Part B application can be disclosed to the public, according to the Freedom of Information Act and U.S. Environmental Protection Agency (USEPA) Freedom of Information regulations. If you wish, however, you may assert a claim of business confidentiality by printing the word "Confidential" on each page of the application which you believe contains confidential business information. USEPA will review business confidentiality claims under regulations at 40 CFR Part 2, and will later request substantiation of any claims. Please review these rules carefully before making a claim.

We have also enclosed a copy of 40 CFR Part 264 which includes technical standards for the operation of treatment and storage facilities. These standards will become applicable upon issuance of a permit to your facility by USEPA.

We will coordinate review of your application with the Indiana State Board of Health and the Hazardous Waste facility Approval Board, and if your application is acceptable, will strive for a simultaneous issuance of Federal and State hazardous waste facility permits. It is possible that during the processing of your application, the State hazardous waste program may become authorized to issue RCRA permits for your type of facility. In that case, direct Federal processing will cease, and the State in lieu of USEPA will make the final determination on your application.

We are committed to conducting the RCRA permitting process as efficiently as possible. Consequently I suggest you contact Peter Tong of my staff at (312) 886-6160, as you begin preparing your application. Mr. Tong will be available to discuss specific needs of your application or to meet with you in Chicago. These efforts are intended to generate complete applications, without requiring any information beyond that which is necessary to make RCRA permit decisions.

We look forward to receiving your Part B application.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosures: 40 CFR 122.25
40 CFR 264

cc: David Lamm, ISBH

RCRA
EPA
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
FINDO0163602651

FOR OFFICIAL USE ONLY

APPLICATION APPROVED
DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|---|
| Storage: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS |
| TANK | S02 | GALLONS OR LITERS |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS |
| Disposal: | | |
| INJECTION WELL | D79 | GALLONS OR LITERS |
| LANDFILL | D80 | ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER |
| LAND APPLICATION | D81 | ACRES OR HECTARES |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS |

Treatment:

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--|----------------------|---|
| TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |

| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
|-----------------|-------------------------|----------------------|-------------------------|-----------------|-------------------------|
| GALLONS | G | LITERS PER DAY | V | ACRE-Feet | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

| LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY |
|----------------|---|----------------------------|--------------------------------|----------------|---|----------------------------|--------------------------------|
| X-1 | S02 | 600 | | 5 | | | |
| X-2 | T03 | 20 | | 6 | | | |
| 1 | S02 | 315,000 | | 7 | | | |
| 2 | T04 | 50,000 | | 8 | | | |
| 3 | S01 | 16,500 | | 9 | | | |
| 4 | | | | 10 | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR INCLUDE DESIGN CAPACITY.

R DESCRIBING OTHER PROCESSES (code "T04

FOR EACH PROCESS ENTERED HERE

T04 REPRESENTS TOTAL SOLVENT & FUEL
(RECYCLING CAPACITY)

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS.....P
TONS.....T

METRIC UNIT OF MEASURE CODE
KILOGRAMS.....K
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| W Z O J Z | A. EPA HAZARD WASTE NO (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEA- SURE (enter code) | D. PROCESSES | |
|-----------------------|--|--|---|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

NOTE: Photocopy this page before completing.

have more than 26 wastes to list.

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | |
|---|---------------------------------------|---|---|---|---------------------------------------|--|--|--|---------------------------------|--|--------------------------|--|-----------------------|--|--|--|--|--|---|--|--|--|--|--|--|
| W 1 M D O 1 6 3 6 0 2 6 5 T/A C 1 | | | | | | | | | | | | | W 2 DUP T/A C 2 DUP | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | | | | C. UNIT OF MEASURE (enter code) | | D. PROCESSES | | | | | | | | | | | | | | |
| | | | | | | | | | | | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | |
| 1 | F | 0 | 0 | 1 | 350 | | | | T | | 501502T04 | | | | | | | | | | | | | | |
| 2 | F | 0 | 0 | 2 | 350 | | | | T | | 501502T04 | | | | | | | | | | | | | | |
| 3 | F | 0 | 0 | 3 | 1000 | | | | T | | 501502T04 | | | | | | | | | | | | | | |
| 4 | F | 0 | 0 | 5 | 1000 | | | | T | | 501502T04 | | | | | | | | | | | | | | |
| 5 | D | 0 | 0 | 1 | 20,000 | | | | T | | 501502T04 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL

PROCESS CODES FROM ITEM D(1) ON PAGE 1.

TO4 REPRESENTS SOLVENT & FUEL RECYCLING

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| F | 1 | N | D | 0 | 1 | 6 | 3 | 6 | 0 | 2 | 6 | 5 | | 6 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 4 | 1 | 3 | 1 | | | | | | 2 | |

| | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | 3 | 7 | 2 | 4 | | | | | 5 | 8 | |

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

JAMES TARPO

B. SIGNATURE

James Tarpo

C. DATE SIGNED

8-14-85

X. OPERATOR CERTIFICATION

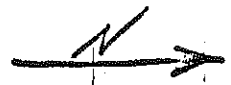
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

RAISED ELEVATION
NATURAL BARRIER



APPROX 600'

CULVERT
A1

FROM

DRAINAGE DITCH

CULVERT
B2

LOW LAND

NOTES

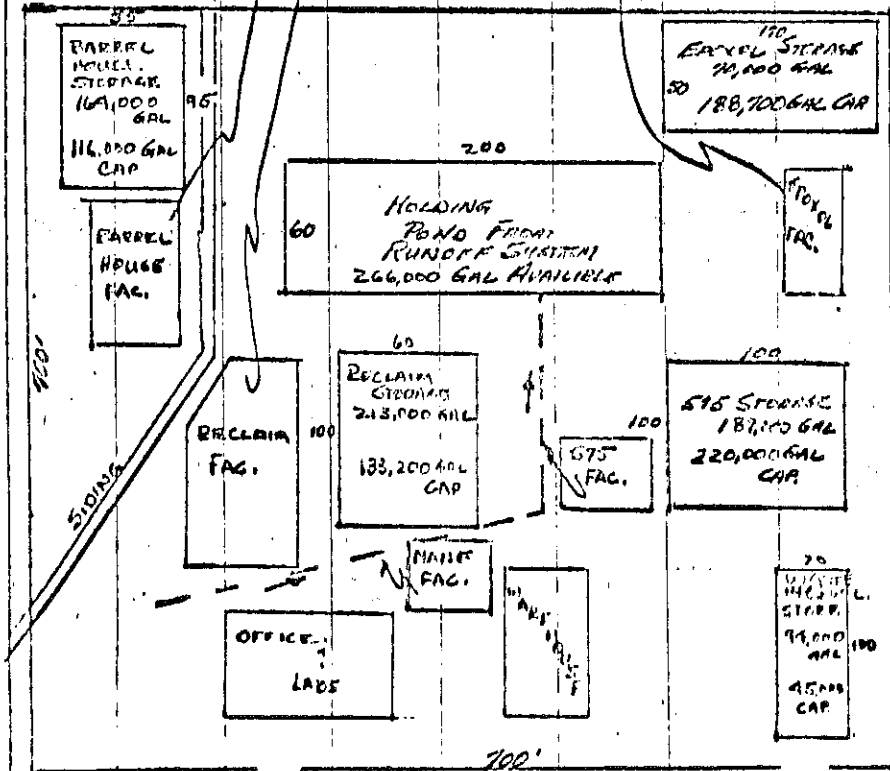
ALL DIKES ARE 3' HIGH
AND EARTHEN

RUNOFF
SYSTEM

APPROX
1500'

Chico Ditch

SAIL FLOW

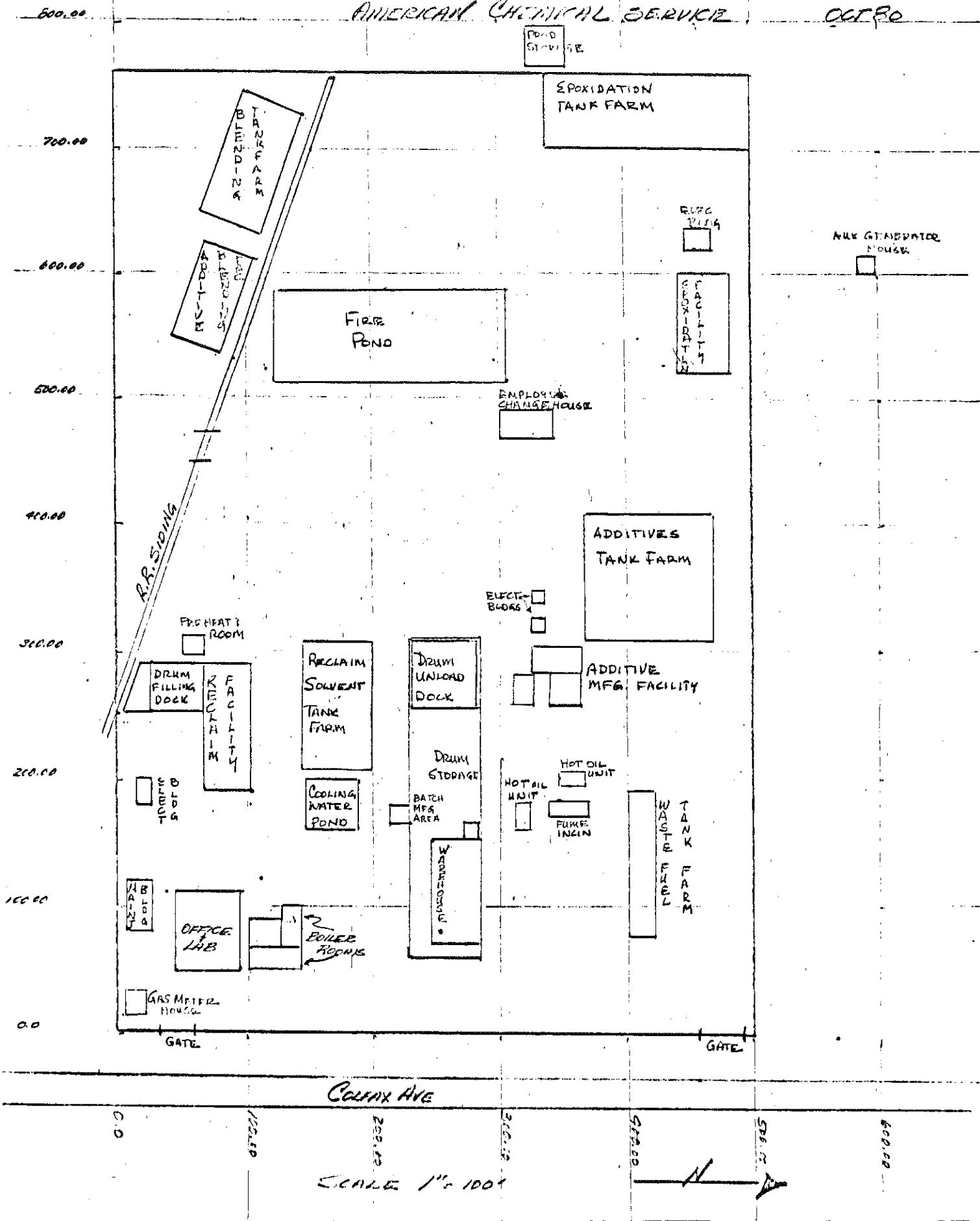


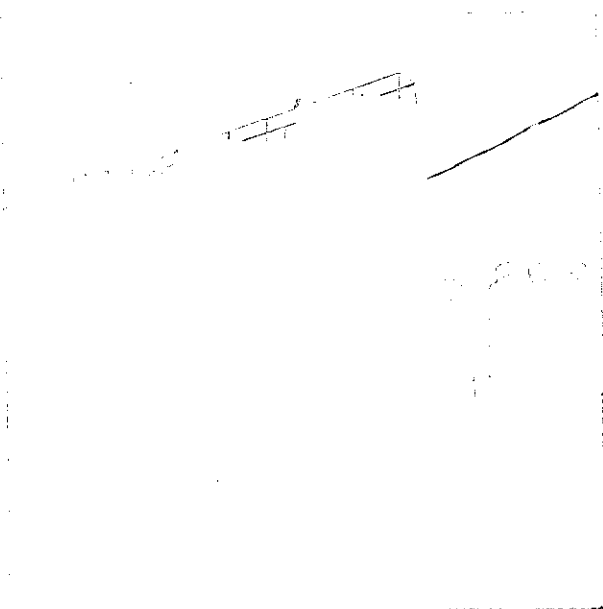
GENCO TRUNK DRAINAGE

INTERNAL
CHEMICAL
PROPERTY
LINE

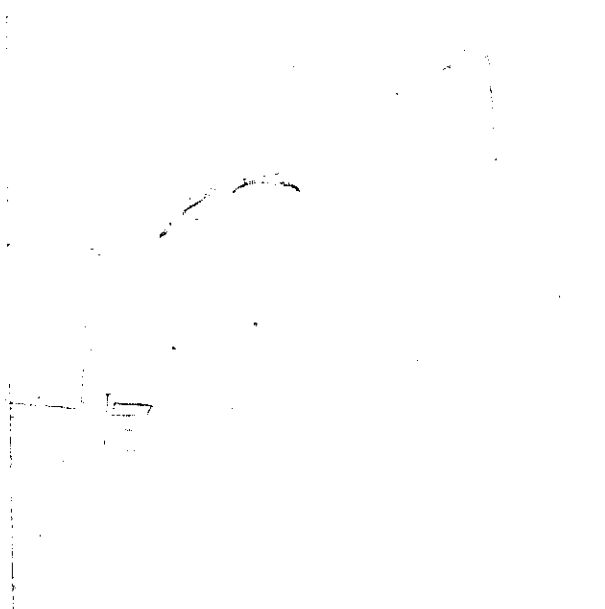
AMERICAN CHEMICAL SERVICE

OCT 80

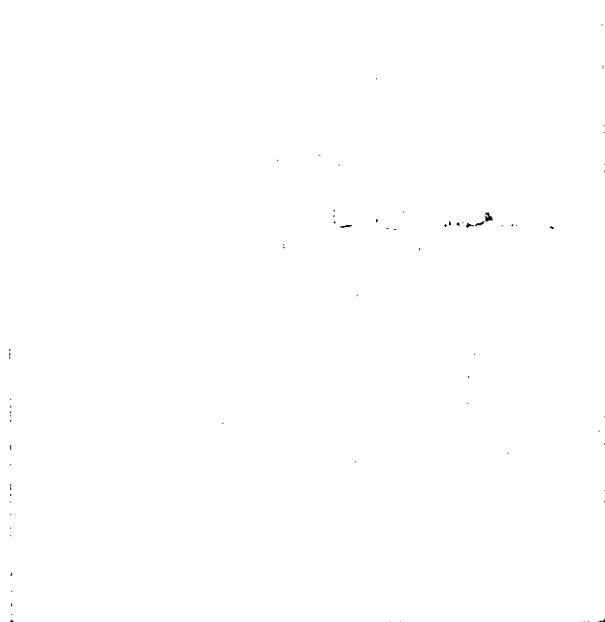




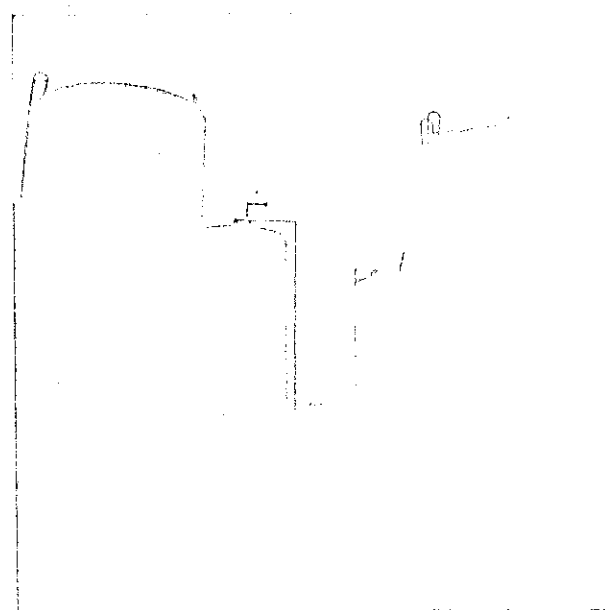
CRUDE & FINISHED
SOLVENT STORAGE
11-13-80



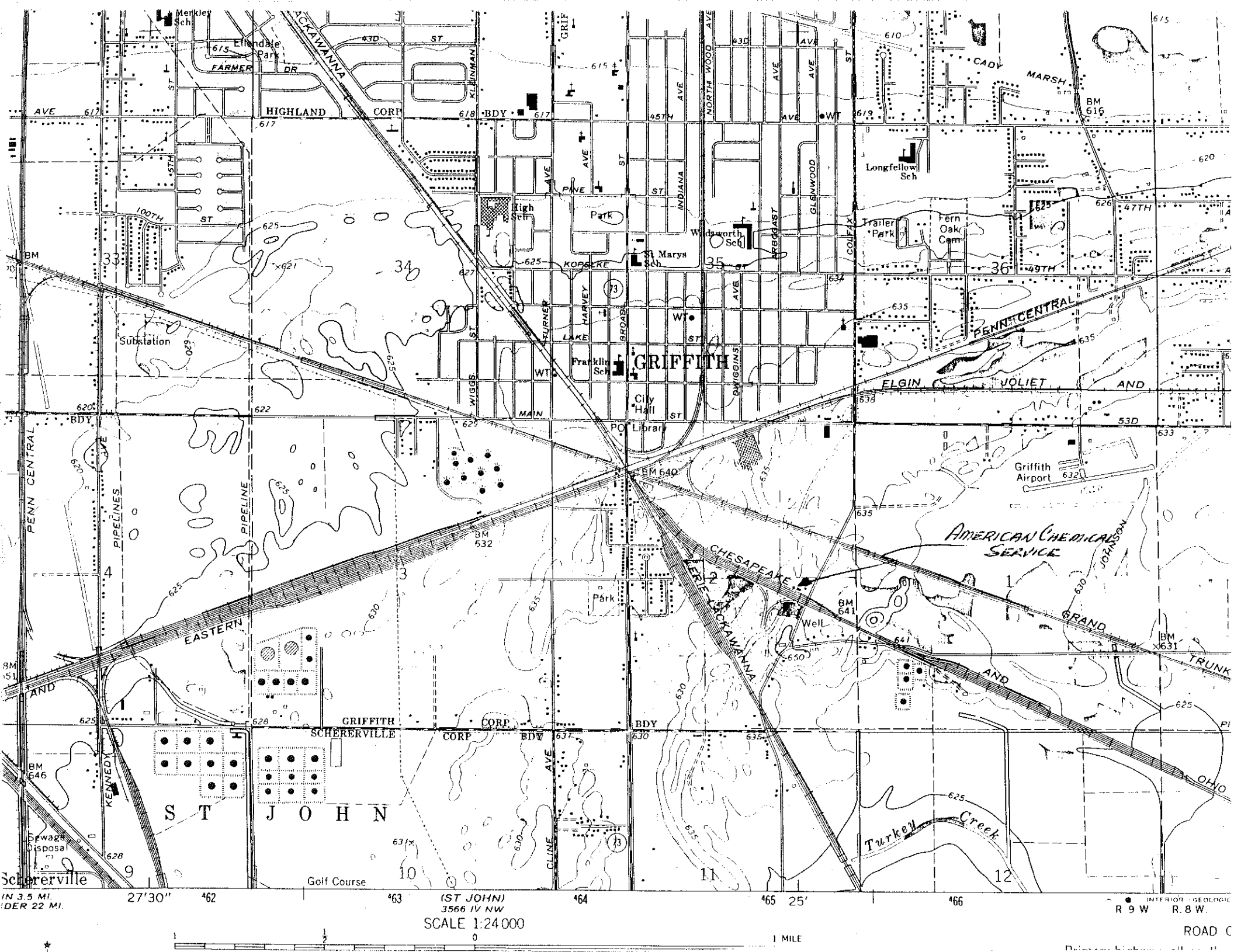
SOLVENT RECYCLING PLANT
11-13-80



CRUDE & FINISHED FUEL
STORAGE AREA
11-13-80



CRUDE & FINISHED FUEL
STORAGE AREA
11-13-80



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363'

800.00

700.00

600.00

500.00

400.00

← TO 807'

300.00

200.00

100.00

C.D.

PROPERTY LINE

PAST LANDFILL

120'

250'

COLFAX AVE.

700.00

600.00

500.00

400.00

300.00

200.00

100.00

American Chemical Service's testing facilities consist of two laboratories, 18 x 24 and 20 x 30 feet. Major apparatus instruments are as follows:

1 Varian Model 3700 Gas Chromatograph

1 Brinkman Potentiograph Model E 576

1 Perkin-Elmer 137 Spectrophotometer

1 Paar oxygen bomb colorimeter, Model 1341

Pensky-Martens and Tag open cup flash point testers,

Distillation equipment, ASTM, Assorted Glassware, accessories and Reagents.

Analytical methods are mainly ASTM Standards.

The laboratory is manned by two degreed chemists.

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
S F 1 N 0 0 1 6 3 6 0 2 6 5 T/A C 1

FOR OFFICIAL USE ONLY

| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) | COMMENTS |
|----------------------|---------------------------------|----------|
| 23 | 24 - 29 | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

| 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) | | 2. NEW FACILITY (Complete item below.) | | | | | | | | | | | | | |
|---|--|--|-----|-----|----|---|---|--------------------------|--|-----|-----|-----|--|--|--|
| <input checked="" type="checkbox"/> | <table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td>83</td><td>5</td><td>1</td></tr></table> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) | YR. | MO. | DAY | 83 | 5 | 1 | <input type="checkbox"/> | <table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td></tr></table> FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN | YR. | MO. | DAY | | | |
| YR. | MO. | DAY | | | | | | | | | | | | | |
| 83 | 5 | 1 | | | | | | | | | | | | | |
| YR. | MO. | DAY | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

B. REVISED APPLICATION (place an "X" below and complete Item I above)

| 1. FACILITY HAS INTERIM STATUS | | 2. FACILITY HAS A RCRA PERMIT | |
|--------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> | | <input type="checkbox"/> | |

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO-CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO-CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|-----------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| LINE NUMBER | A. PRO-CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO-CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY |
|-------------|------------------------------------|----------------------------|-----------------------|-------------|------------------------------------|----------------------------|-----------------------|
| | | 1. AMOUNT (specify) | | | | 1. AMOUNT | |
| | | | | | | | |
| X-1 | S 0 2 | 600 | | 5 | | | |
| X-2 | T 0 3 | 20 | | 6 | | | |
| 1 | S 0 2 | 300,000 | | 7 | | | |
| 2 | T 0 4 | 50,000 | | 8 | | | |
| 3 | | | | 9 | | | |
| 4 | | | | 10 | | | |

PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 REPRESENTS TOTAL REDISTILLING & FUEL
RECYCLING CAPACITY

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| | | | |
|--------------------------------|-------------|-------------------------------|-------------|
| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
| POUNDS..... | P | KILOGRAMS..... | K |
| TONS..... | T | METRIC TONS..... | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

NOTE: Photocopy this page before completing

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CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

IV. DESCRIPTION OF HAZARDOUS WASTES

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

TO4 REPRESENTS SOLVENT & FUEL RECYCLING

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

| | | | | |
|----|----|----|----|---------|
| 4 | 1 | 3 | 1 | 2 |
| 65 | 66 | 67 | 68 | 69 - 71 |

| | | | | | |
|---------|----|----|---------|---|---|
| 8 | 7 | 2 | 4 | 5 | 8 |
| 72 - 74 | 75 | 76 | 77 - 79 | | |

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

JAMES TARPO

B. SIGNATURE

James Tarpo

C. DATE SIGNED

2-18-82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

| | | | |
|--|----------------|---|--|
| FORM 1 GENERAL | EPA | ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i> | EPA I.D. NUMBER <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;"> INDO16360265 </div> |
| III. FACILITY NAME V. MAILING ADDRESS VI. FACILITY LOCATION | | <div style="font-family: monospace; font-size: 1.2em;"> INDO 16360265 AMER. CHEM. SERV. PO. BOX 190 GRIFFITH IN 46319 420 S. COLFAX AVE. GRIFFITH IN. </div> | |

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the space provided in the area below. Also, if any of the preprinted data is absent (the area to the left of the label, where the information should appear), please provide it in the space provided in the area below. If the label is complete and correct, you need not complete items I, II, V, and VI (except VI-2 which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK 'X' | | | SPECIFIC QUESTIONS | MARK 'X' | | |
|--|----------|----|---------------|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | X | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

III. NAME OF FACILITY

| | | |
|---|------|-------------------------------|
| 1 | SNIP | AMERICAN CHEMICAL SERVICE INC |
|---|------|-------------------------------|

IV. FACILITY CONTACT

| A. NAME & TITLE (last, first, & title) | | B. PHONE (area code & no.) | |
|--|-----------------------|----------------------------|----------|
| 2 | TALLO JAMES PRESIDENT | 219 | 924 4370 |

V. FACILITY MAILING ADDRESS

| A. STREET OR P.O. BOX | | B. CITY OR TOWN | | C. STATE | D. ZIP CODE |
|-----------------------|------------|-----------------|----------|----------|-------------|
| 3 | PO BOX 190 | 4 | GRIFFITH | IN | 46319 |

VI. FACILITY LOCATION

| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | B. COUNTY NAME | | C. CITY OR TOWN | | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |
|---|-------------------|----------------|------|-----------------|----------|----------|-------------|---------------------------|
| 5 | 420 SO COLFAX AVE | 6 | LAKE | 7 | GRIFFITH | IN | 46319 | |

VII. SIC CODES (4-digit, in order of priority)

| | | | | | | | |
|----------|---|---|---|-----------|-----------------------------|---|---|
| A. FIRST | | | | B. SECOND | | | |
| 2 | 8 | 6 | 9 | (specify) | INDUSTRIAL ORGANIC CHEM | 5 | 1 |
| C. THIRD | | | | D. FOURTH | | | |
| 2 | 9 | 9 | 2 | (specify) | LUBE OIL & GREASES | 5 | 1 |
| | | | | | | | |
| 7 | 5 | 1 | 6 | (specify) | CHEMICALS & ALLIED PRODUCTS | 7 | 5 |
| | | | | | | | |
| 7 | 5 | 1 | 7 | (specify) | PETROLEUM PRODUCTS | 2 | |

VIII. OPERATOR INFORMATION

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------|--|----------|--|---|--|--|--|---|--|------|--|
| A. NAME | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | |
| AMERICAN CHEMICAL SERVICE INC | | | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other", specify.) | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | |
| F = FEDERAL | | | | M = PUBLIC (other than federal or state) | | | | P (specify) | | | | A | | 219 | | 924 | | 4370 | |
| S = STATE | | | | O = OTHER (specify) | | | | | | | | | | | | | | | |
| P = PRIVATE | | | | | | | | | | | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | |
| PO BOX 190 | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | G. STATE | | H. ZIP CODE | | IX. INDIAN LAND | | | | | |
| GRIFFITH | | | | | | | | | | IN | | 46319 | | Is the facility located on Indian lands? | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NPDES (Discharges to Surface Water) | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | |
| 9 N | | | | | | | | | | 9 P | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| 9 U | | | | | | | | | | (specify) | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | F. OTHER (specify) | | | | | | | | | |
| 9 H | | | | | | | | | | (specify) | | | | | | | | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

SOLVENT RECLAMATION & WASTE DISPOSAL
CUSTOM CHEMICAL MANUFACTURING - FUEL ADDITIVES
PLASTICIZERS & RESINS

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | | | | | | | |
|--|--|--|--|--------------------|--|--|--|----------------|--|--|--|
| A. NAME & OFFICIAL TITLE (type or print) | | | | B. SIGNATURE | | | | C. DATE SIGNED | | | |
| JAMES TARPO PRES, | | | | <i>James Tarpo</i> | | | | 2-18-82 | | | |

COMMENTS FOR OFFICIAL USE ONLY

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|



FIND 0163602651

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 REPRESENTS TOTAL SOLVENT & FUEL RECYCLING CAPACITY

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS | P | KILOGRAMS | K |
| TONS | T | METRIC TONS | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Notes: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

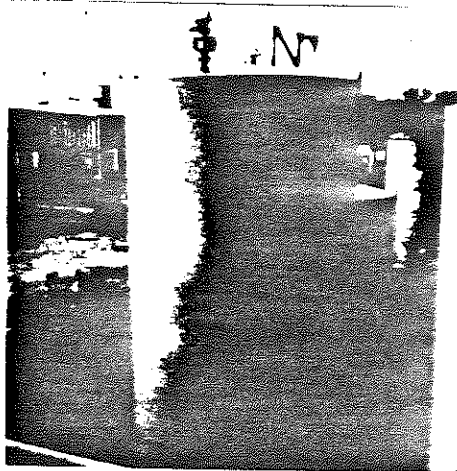
NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column B(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in first numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and storage will be in a landfill.

| WASTE NO. | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|-----------|---|---------------------------------------|---------------------------------|--------------------------|---|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

| EPA ID NUMBER (enter from page 1) | | | | | | | | | | WASTE IDENTIFICATION CODE | | | | | | | | | |
|---|---------------------------------------|---------------------------------|-------------------------|-------|-------|------|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|
| W I N D O 1 6 3 6 0 2 6 5 | | | | | | | | | | W D U P 2 D U P | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | |
| 1. HAZARDOUS WASTE NO. (enter code) | 2. ESTIMATED ANNUAL QUANTITY OF WASTE | 3. UNIT OF MEASURE (enter code) | 4. HAZARDOUS WASTE CODE | | | | 5. HAZARDOUS WASTE DESCRIPTION (if known, enter description) | | | | | | | | | | | | |
| | | | 6. S | 7. O | 8. T | 9. C | | | | | | | | | | | | | |
| 1 F 0 0 1 | 350 | T | S 0 1 | S 0 2 | T 0 4 | | | | | | | | | | | | | | |
| 2 F 0 0 2 | 350 | T | S 0 1 | S 0 2 | T 0 4 | | | | | | | | | | | | | | |
| 3 F 0 0 3 | 6000 | T | S 0 1 | S 0 2 | T 0 4 | | | | | | | | | | | | | | |
| 4 F 0 0 5 | 6000 | T | S 0 1 | S 0 2 | T 0 4 | | | | | | | | | | | | | | |
| 5 D 0 0 1 | 5000 | T | S 0 1 | S 0 2 | T 0 4 | | | | | | | | | | | | | | |
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